

# 16 CHAPTER

## PHYSICAL AND SEXUAL ABUSE

In recent years, violence against women has gained visibility as a significant public health problem with serious consequences for women's health and for society. The United Nations defines it as "any act of ...physical, sexual, or psychological harm...including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life" (UN General Assembly, 1993). Violence against women includes a wide range of behaviors and acts perpetrated against women, but its most common form occurs between men and their female partners. Often referred to as "domestic violence," "battering," or intimate partner violence (IPV), this form of violence occurs in all cultures and affects women of all ages and all socio-economic and educational backgrounds. Gender stereotypes, women's economic dependence on men, cultural acceptability, loose or nonexistent legislation to protect women's fundamental human rights, and lack of preventive measures for victims are some of most widely recognized factors that contribute to IPV. Since IPV affects women's physical, sexual, psychological, economic and social well-being, it implicitly affects women's health, including their reproductive health. Women subjected to IPV may be unable to use contraception effectively and consistently, and may lack control or negotiation skills that will enable them to avoid sexually transmitted infections, plan pregnancies, and attend preventive health services, such as prenatal care.

Most data on the impact of IPV on women's health are compiled from studies targeting small population sub-groups (e.g., women attending prenatal care clinics, women in shelters) and population-based, representative data on this subject are scarce. To address this need, the CDC-assisted reproductive health surveys (RHS) conducted in Eastern Europe and the Caucasus region have been

collecting data on domestic violence since the mid 1990s. These surveys provide a unique opportunity to study characteristics of battered women and linkages with reproductive health. Moreover, since the violence indicators collected in CDC-assisted reproductive health surveys are similar across surveys, they allow for a regional examination of risk factors and prevalence estimates of IPV. In all these countries, with the exception of Russia (which was a sub-national survey conducted in three primarily urban sites in Central Russia), the survey data produced the first population-based, national representative information on IPV ever available.

In addition to documenting domestic violence in the context of maternal and child health, survey findings can be used to raise awareness at the individual and community level, to educate law enforcement and social service agencies, to influence current public health policies, to develop laws to protect and benefit the battered women, and ultimately to project the need for support services and interventions for abused women.

The questions included in the RHS surveys focus principally on two types of violence against women: 1) intimate partner violence and 2) sexual coercion (at any point in a woman's life). Violence by an intimate partner among ever-married (legally or consensually) women is explored in the RHS using a modified Conflict Tactic Scale (includes between four and eight items) (Strauss and Gelles, 1979). Based on the item composition of the scale, intimate partner violence can be further classified into verbal, physical, and sexual violence that occurred in the past and/or present (within the past year). Verbal abuse includes insults, curses, and verbal threats, and gestures with the intent of physical harm ("threaten to hit you or throw something at you"). Physical violence, further classified into moderate and severe violence

(O'Campo P. et al., 1994), includes pushing, shoving, and slapping (moderate violence) and kicking, hitting with the fist or an object, being beaten up, and threats with a knife or other weapon (severe violence). Sexual abuse by an intimate partner is defined by asking whether "a partner ever physically forced [the woman] to have sex against her will."

In addition, all RHS respondents are asked about their history of witnessing physical abuse between parents or experience of abuse as a child or adolescent.

### **16.1 History of Witnessing or Experiencing Parental Physical Abuse**

In the literature on violence against women, experiencing and witnessing parental abuse as a child have been identified as strong independent predictors of being in an abusive relationship as an adult. Several studies have linked childhood exposure to family violence with emotional and behavioral problems during childhood (Edleson JL, 1999, Kolbo JR and Blakely EH, 1996), child and adolescent violent behaviors (Song LY et al., 1998), and physical abuse during adulthood (Hotelling GT and Sugarman DB., 1986).

The prevalence of witnessing or experiencing abuse as a child was relatively high in all the countries of the region, excepting Georgia; prevalence of witnessing domestic abuse (one parent abusing the other) as a child ranged from 30% in the areas surveyed in Russia to 9% in Georgia. Experience of parental abuse as a child (parent abusing the respondent) varied from 41% in Romania to 21% in Georgia (Figure 16.1.1).

In most countries, women with less than complete secondary education (who are also the youngest women in the sample) reported

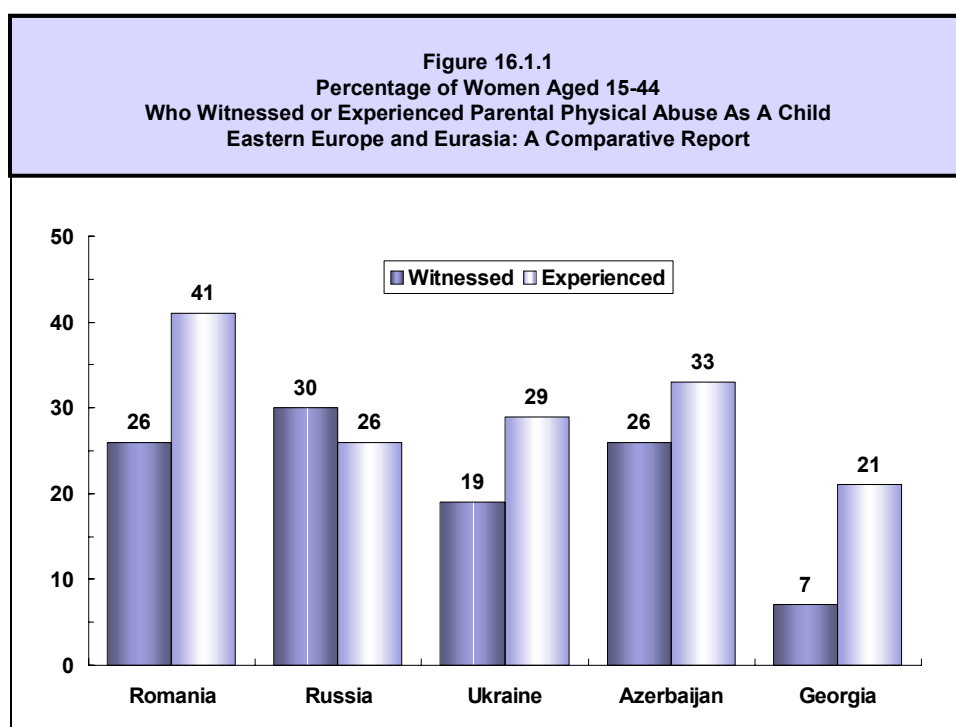
the highest prevalence of parental abuse, whereas women with postgraduate education and those aged 35–44 years reported the lowest occurrence. There were no significant differences in recall of witnessing or experiencing parental abuse by other respondent’s characteristics (data not shown).

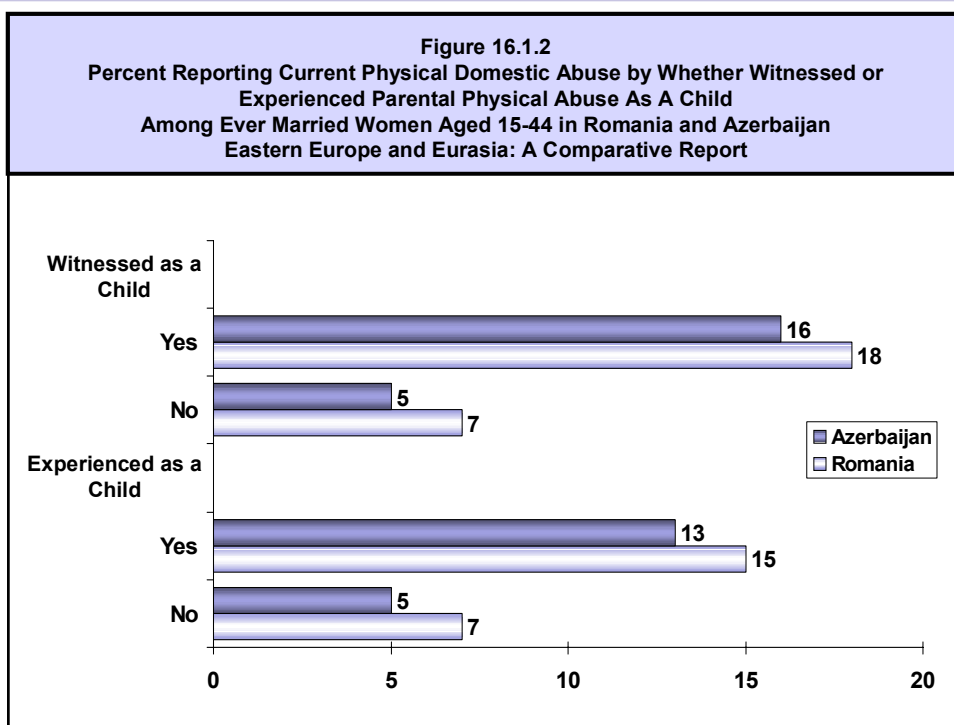
As mentioned previously, history of witnessing or experiencing abuse as a child is a well-known predictor of adult violence. The reports from Azerbaijan and Romania are consistent with other studies in the literature (Figure 16.1.2). Among ever-married women who reported having witnessed abuse in the home as a child, the prevalence of having been physically abused during the past 12 months was almost three times as high as the prevalence among those who had not witnessed abuse in their childhood home. Similarly, among those who had received parental abuse, the prevalence of current physical abuse by a partner was more than twice as high as among those who had not experienced parental abuse.

## 16.2 Types of IPV in Eastern Europe and Caucasus

The two most basic measures of the prevalence of domestic violence are lifetime abuse in adulthood by a current or former spouse and similar abuse in the last 12 months, as a measure of “current” violence (Table 16.2.1 and Figure 16.2.1). The estimates presented here are likely to underestimate the true population prevalence because, for both psychological and practical reasons, some women may have understated or not reported their abuse history, despite assurances of maintaining confidentiality. Moreover, cross-cultural data on spousal abuse can be difficult to interpret because cultural definitions or perceptions of abuse may differ from one population to another.

In order to measure the lifetime prevalence of intimate partner violence (IPV), women who ever had a marital partner (formal or consensual) were asked if they had ever been verbally, physically, or sexually abused by a





partner or ex-partner. The terms “partner” and “ex-partner” include a current or former spouse (legal or common-law) or other partner with whom the respondent may have cohabited for any length of time. Abuse was deemed “current” if the respondent reported any type of IPV during the last 12 months.

Table 16.2.1 shows that between one in five women (in Georgia) and almost one in two women (in Romania) reported verbal abuse by a partner, at some time in their lives. Almost one in four women in Romania and about one in seven women in other countries (excepting Ukraine and the areas surveyed in Russia, where women were not asked about insults) reported current verbal abuse. Among women who reported verbal abuse, all of them reported insults and the majority of them also reported receiving threats of violence.

Reported lifetime experience with spousal physical abuse varied between 5% in Georgia and 29% in Romania, while physical abuse during the past 12 months ranged from 2% in

Georgia to 10% in Romania. Physical abuse in the last 12 months, or current physical abuse, was around 8% for the majority of the countries of Eastern Europe, excepting Georgia (Figure 16.2.1). Thus, both lifetime and current physical abuse were about four times lower in Georgia, findings that may be attributed to differences in cultural definitions and perceptions or to a particularly strong role of the extended family and friends in the life of Georgian women. Sexual abuse by a current or former partner was measured only in Romania, Georgia, and Azerbaijan. Lifetime sexual abuse ranged from 10% in Azerbaijan, to 7% in Romania and 3% in Georgia; current sexual abuse was reported by 5% of ever married women in Azerbaijan, 2% in Romania, and 1% in Georgia.

Not surprisingly, there was considerable overlap between these three types of abuse; the majority of women who have been subjected to physical violence said that the physical abuse was accompanied by verbal abuse (data not shown). Similarly, sexual

**Table 16.2.1**  
**Percent Reporting Lifetime and Current (within the Past 12 months) Abuse**  
**Among Ever Married Women Aged 15–44**  
**Eastern Europe and Eurasia: A Comparative Report**

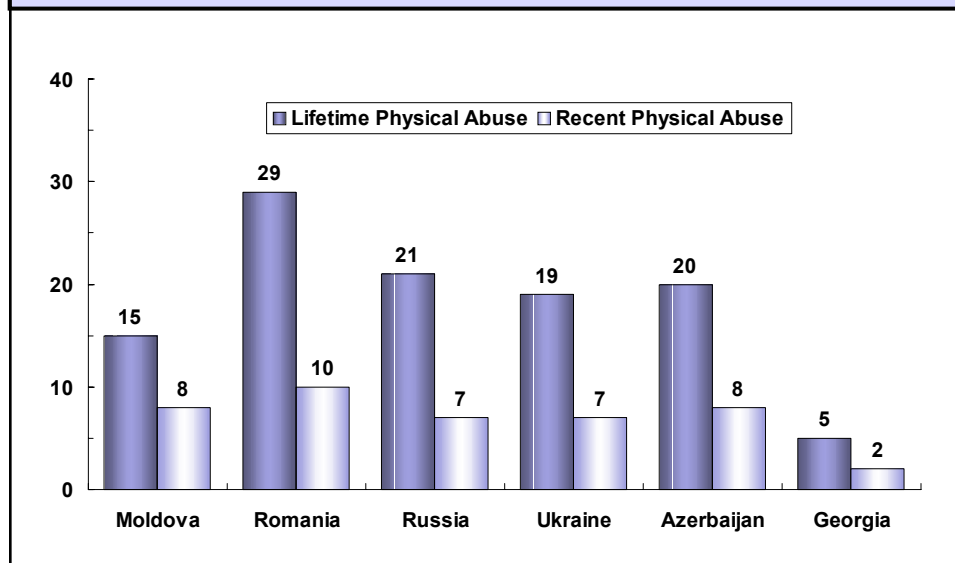
Region and Country	Lifetime Abuse			Current Abuse		
	Verbal	Physical	Sexual	Verbal	Physical	Sexual
<b><u>Eastern Europe</u></b>						
<i>Moldova, 1997</i>	23	15	‡	14	8	‡
<i>Romania, 1999</i>	45	29	7	23	10	2
<i>Russia, 1999*</i>	20†	19	‡	7†	6	‡
<i>Ukraine, 1999</i>	19†	19	‡	6†	7	‡
<b><u>Caucasus</u></b>						
<i>Azerbaijan, 2001</i>	30	20	10	14	8	5
<i>Georgia, 1999</i>	19	5	3	13	2	1

\* Data for Russia pertain to three primarily urban areas as described in Chapter 2.

† Verbal abuse refers to threats of violence and does not include swearing or insults.

‡ Question was not asked.

**Figure 16.2.1**  
**Percentage of Ever Married Women 15–44 Who Reported**  
**Lifetime and Current Physical Abuse by a Partner**  
**Eastern Europe and Eurasia: A Comparative Report**



abuse was frequently associated with other acts of physical harm; in Azerbaijan, for example, 64% of women who have been sexually abused also reported other acts of physical violence (data not shown).

To document some of the risk factors for abuse, the prevalence of physical abuse was analyzed by selected characteristics of the respondents (Table 16.2.2). Generally, the prevalence of lifetime abuse was slightly higher among rural residents than among urban residents, increased with age (but age differences are likely to be confounded by the length of exposure) and number of living children, and was inversely correlated with education level. When physical abuse by a partner or ex-partner was analyzed by the respondent's

current marital status, women categorized as previously married had significantly higher prevalence of past verbal and physical abuse, compared with currently married women. Between 23% of previously married women in Georgia and 64% in Romania reported past physical abuse by a partner, whereas only 4%–25% of women currently married or in union reported having been physically abused. Similarly, the prevalence of sexual abuse among previously married women was, on average, twice as high as among currently married women (data not shown). Although the survey did not ask if IPV contributed to a woman's decision to separate from her partner, these data suggest that women who were divorced and separated may have been exposed to more domestic abuse, contributing

**Table 16.2.2**  
**Percent Reporting Lifetime and Current (within the Past 12 months) Physical Abuse**  
**Among Ever Married Women 15–44**  
**Eastern Europe and Eurasia: A Comparative Report**

Characteristic	Eastern Europe								Caucasus			
	Moldova, 1997		Romania, 1999		Russia, 1999*		Ukraine, 1999		Azerbaijan, 2001		Georgia, 1999	
	Lifetime	Current	Lifetime	Current	Lifetime	Current	Lifetime	Current	Lifetime	Current	Lifetime	Current
<b>Total</b>	15	8	29	10	21	7	19	7	20	8	5	2
<b>Residence</b>												
Urban	13	6	27	9	*	*	19	7	19	7	7	2
Rural	18	10	32	12	*	*	20	9	21	8	4	2
<b>Age</b>												
15–24	10	6	26	14	13	6	14	8	21	13	4	2
25–34	15	8	27	10	23	9	18	8	22	9	6	2
35–44	18	9	33	9	22	5	22	6	19	5	5	1
<b>Marital Status</b>												
Currently Married	13	8	25	10	17	7	16	7	18	8	4	2
Previously Married	34	6	64	6	35	5	40	7	43	6	23	2
<b>No. of Living Children</b>												
0	10	3	21	8	17	7	16	7	21	7	5	2
1	14	6	26	8	20	6	18	7	21	9	8	2
2	14	8	28	10	21	7	20	7	20	8	5	2
3+	23	13	48	18	29	7	26	8	20	7	4	1
<b>Education Level</b>												
Secondary Incomplete	22	13	38	14	35	15	26	10	27	11	7	2
Secondary Complete	18	9	21	6	23	8	21	8	20	7	5	2
Technicum	11	5	†	†	22	6	19	7	16	5	6	2
Postsecondary	7	3	14	2	13	3	15	6	17	6	5	1

\* Data for Russia pertain to three primarily urban areas as described in Chapter 2.

† Technicum, specific to former Soviet Union countries, does not exist in Romania.

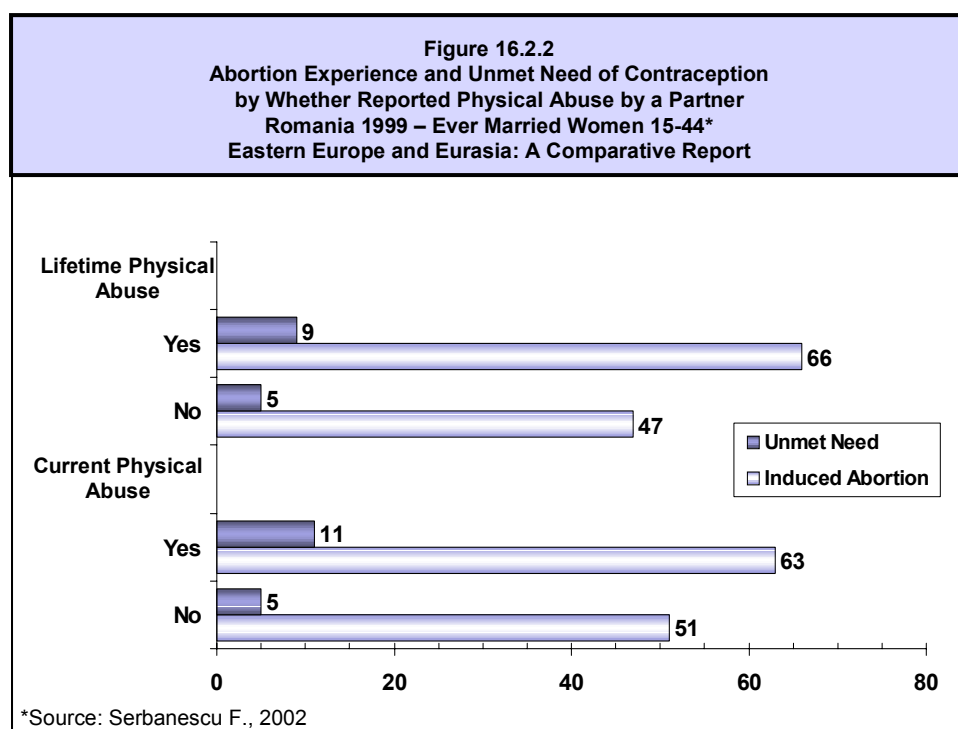
to their decision to split up with an abusive partner.

Current physical abuse was reported by 2% to 10% of women. Most characteristics of the women who experienced higher levels of recent abuse were similar to those for women who reported lifetime abuse. The only substantive difference was among young women in Romania and Azerbaijan, who reported more current physical abuse than did women aged 35 years or over. In contrast to lifetime abuse, currently married women experienced higher levels of current abuse than previously married women presumably because episodes of abuse may have contributed to the latter group's marital dissolution; thus, being no longer in union, previously married women were less likely to be exposed to IPV during the past 12 months than the married women.

As mentioned previously, since domestic violence affects women's physical, sexual, psychological, economic, and social well-being, it implicitly affects women's health, including

their reproductive health. Women subjected to domestic violence may be unable to use contraception effectively and consistently, may lack control or negotiating skills that would enable them to avoid sexually-transmitted infections, and may be at a higher risk of having unplanned pregnancies or subsequent abortions. Data from the RHS in Romania, one of the countries with the highest levels of induced abortion and unmet need for contraception in Eastern Europe, illustrate the possible association between domestic physical abuse and these reproductive health indicators (Figure 16.2.2). Women who reported lifetime and current physical abuse by a partner were significantly more likely to have had induced abortions than women who did not report IPV. Similarly, women reporting current physical abuse were twice as likely to have a current unmet need for contraception.

Of the country surveys included in this report that explored domestic violence issues, only in Romania included a male sample allowing the opportunity to study male self-reports





about history of domestic violence perpetrated against their partners. Although it may seem unlikely that men would report inflicting verbal and especially physical abuse against their partners, the data from Romania show in fact that this is not the case. Looking at verbal and physical abuse received by women and delivered by men, the perpetrated abuse reported by men was at least as high as the abuse reported by women. Lifetime and current prevalence of physical abuse was identical when we independently calculated it based on male reports and female reports (Figure 16.2.3). The level of verbal abuse reported by men was even higher than that reported as being received by women. Thus, parallel estimates of prevalence of domestic abuse appear to validate each other. It remains to be seen whether other male surveys will have similar results. At least in the case of Romania, the significance of convergent male and female reports, although reassuring in terms of validating the data's accuracy, is quite disturbing. It appears that Romanian men consider domestic violence a socially

acceptable means of expressing and maintaining gender inequity.

### 16.3 Discussions of Physical Abuse with Others

As can be seen in Table 16.3, a substantial proportion of women subjected to IPV did not disclose their experience of abuse. Between 60% of women in Azerbaijan and 15% in Russia had never talked to anyone about their current exposure to domestic violence. Most women suffering current physical abuse were more likely to talk about the abuse with a family member or a friend than to seek legal or medical help. Generally, between one in three and two in three women who were abused during the past 12 months had talked to a family member about it, and except in Azerbaijan, about one in two had talked to a friend. Abused women rarely reported the abuse to health care providers or law enforcement authorities. Only between 1% and 22% reported episodes of IPV to the police or talked to a medical care provider; less than

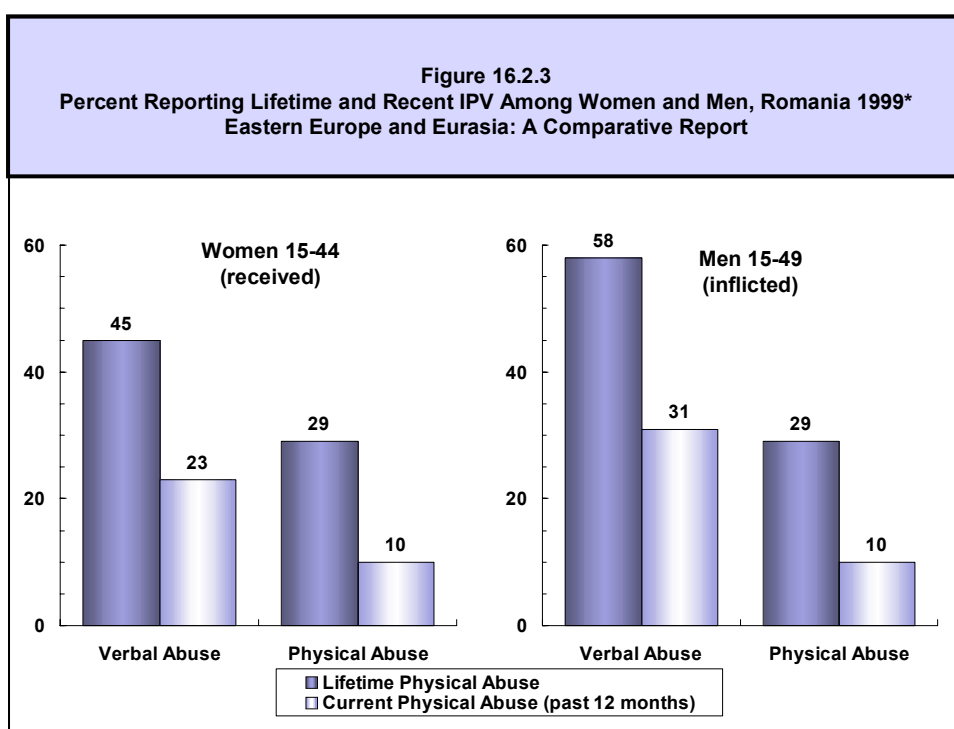




Table 16.3							
Percent Who Discussed Incidents of Physical Abuse							
With Various Types of Persons							
Among Ever Married Women Aged 15–44 Who Reported Current Physical Abuse							
Eastern Europe and Eurasia: A Comparative Report							
Region and Country	Any Discussion	Person with Whom Discussed Incident					
		Family	Friends	Police	Health Provider	Lawyer	Other
<b><u>Eastern Europe</u></b>							
Moldova, 1997	64	50	50	12	16	†	3
Romania, 1999	76	64	52	16	15	9	1
Russia, 1999*	85	59	69	22	9	†	4
Ukraine, 1999	81	69	56	16	9	†	6
<b><u>Caucasus</u></b>							
Azerbaijan, 2001	40	34	15	1	1	0	1
Georgia, 1999	84	70	60	10	8	8	0

\* Data for Russia pertain to three primarily urban areas as described in Chapter 2.

† Question was not asked.

one in ten women sought legal counsel for recent domestic abuse. Health care providers in Eastern Europe and the Caucasus region should be made aware of the prevalence of IPV and the reluctance of victims to seek treatment, and should initiate inquiries about domestic violence experience during routine health visits. Such screening may contribute to reducing the frequency and severity of intimate partner violence and could provide early interventions for domestically abused victims.

There were very few differences in discussing recent abuse by respondent's characteristics. Older women were more likely to talk to the police or other legal authority and to seek medical advice, whereas young women were more likely to report abuse to a family member. The least educated women were the most likely to talk to a family member and the least likely to report IPV to the police (data not shown).

The most common reason cited by a battered woman for not reporting acts of domestic violence to the law enforcement agencies or health providers was that it would bring the family a bad reputation. Other reasons

mentioned were that: domestic violence is "normal," it would be too embarrassing to report domestic abuse, and it would "not do any good" because no charges would be brought (data not shown).

## 16.4 Summary of Findings

Traditionally, none of these countries had established laws and mechanisms to protect women from spousal abuse. Survey data have produced the first population-based nationally representative information on violence against women ever available. Dissemination of these data can have important implications in mediating changes in the legal and support-service environments of these countries. Dissemination of findings, however, needs to reach potential users outside the health community, which may require extra efforts. There are already several examples from some countries of specific uses of the data in making legislative changes. In Romania, for example, survey-based evidence that most forced sexual intercourse is perpetrated by a partner was first made available to the public health community immediately preceding a Penal Code revision that allowed women to press

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charges against their sexually abusive husbands (Romanian Constitutional Court, Decision 211, November 2000). The same revision included preventive measures for victims of domestic violence, such as restraining orders against abusive husbands and their exclusion from the family home.

Beyond estimating the prevalence of the problem, survey data could be instrumental in documenting and projecting the need for support services and interventions for abused women in a community. Based on data from the 1999 RHS, the East European Institute of Reproductive Health in Romania had established a center for victims of domestic violence in Tirgu Mures (EEIRH, 2003). At the end of 2002, findings provided by the same survey have been used to launch a nationwide public campaign to raise general awareness on domestic violence and its consequences. The campaign, sponsored by the Ministry of Health and UNFPA, ran for two months and consisted of radio, TV, and newspaper messages. In addition, the Ministry of Health also distributed educational materials to the public health community for mounting support against domestic violence among health professionals (Romanian Ministry of Health, 2002).

Highlights of this chapter may be summarized as follows:

- ◆ As in other areas of the world, women who had abusive parents are more likely to

suffer physical domestic abuse compared with women without abusive parents, when they are themselves married.

- ◆ In five of the six countries with data on physical abuse, from 15% to 29% of ever-married women report lifetime abuse and from 8% to 10% reported abuse in the last 12 months.
- ◆ In three countries where the topic was explored, 3% to 10% of ever-married women had been sexually abused by a current or former spouse at least once and 1%–5% reported such episodes during the last 12 months.
- ◆ In the one survey that included males (Romania), the men reported a similar level of inflicting physical abuse as the level of abuse reported by women lending support to the validity of survey responses on this topic, as this public health problem is investigated in the future in more countries of this region.
- ◆ Although between 40% and 85% of women subjected to IPV disclosed their abuse, few women reported physical abuse to police authorities or health providers. There may be a great need for non-governmental organizations to provide hot lines and other services to these women, as well as public education about women's legal rights in countries where laws are in place.